

Date: February 7, 2005

Inventor(s): Donald Hitko  
 Serial No. 10/796,629  
 Filed: March 8, 2004  
 For: TRAVELING WAVE, MULTIPLYING D/A CONVERTER

COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**27431**

(Insert Customer Number)

Sir:

Transmitted herewith is an amendment in the above-identified patent application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.  
☒ Return Receipt Postcard  
☒ No additional claim fee is required.

The fee has been calculated as shown below:

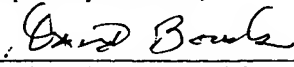
|  | (Col. 1)                                  |       | (Col. 2)                                    | (Col. 3)         | SMALL<br>ENTITY | OR            | OTHER THAN A<br>SMALL ENTITY |
|--|---|-------|---|------------------|-----------------|---------------|------------------------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE            | ADDIT.<br>FEE |                              |
| Total  | *50                                       | minus | **53  | = 0              | x \$25          | = \$          | OR x50 = \$0                 |
| Independent                                    | *8  | minus | ***8  | = 0              | x \$100         | = \$          | OR x200 = \$0                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  | +150            | = \$          | OR +300 = \$0                |
| TOTAL  |   |       |   |                  |                 | \$            | OR TOTAL \$0                 |

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-0851 the amount of \$\_\_\_\_. A copy of this transmittal letter is enclosed.  
☐ A check in the amount of \$\_\_\_\_ to cover the extension fee is enclosed.  
☐ A check in the amount of \$\_\_\_\_ to cover the additional claims is enclosed.  
☒ The Commissioner is hereby authorized to charge payment of the following fees with this communication or credit any overpayment to Deposit Account No. 50-0851. A duplicate copy of this transmittal letter is enclosed.

- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.  
☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

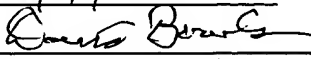
  
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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on

2/7/05

  
 David Bowls, Reg. No. 39,915  
 Michael A. Shimokaji, Reg. No. 32,303